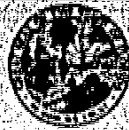


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 22 PM 3:59

DOCUMENT # L11323

(7)

1. Corporation Name

B.H.M. ENTERPRISES, INC.

Principal Place of Business

**4110 WEST VINE STREET
KISSIMMEE FL 34741**

Mailing Address

**373 BRADEN AVENUE
SUITE 201
SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/23/1989

3a. Date of Last Report

05/13/1994

4. FEI Number

62-1404380

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

3074 College Avenue SE

Suite, Apt. #, etc.

27

City & State

28

Ruskin, FL

Zip

29

33570

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAY, J. WILLIAM
462 ISLAND CIRCLE
SARASOTA FL 34242**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1899 Buccaneer Circle

83

84 City **Sarasota, FL**

FL

85 Zip Code

34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

J. William May

3/17/95

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BOOKSTAFF, JAMES E.
STREET ADDRESS	1051 BANNER ROAD
CITY-ST-ZIP	GATLINBURG TN 37738
TITLE	DP
NAME	HUTCHENS, BRETT
STREET ADDRESS	220 RICHLAND AVENUE W.
CITY-ST-ZIP	AIKEN SC 29801
TITLE	DVS
NAME	MAY, J. WILLIAM
STREET ADDRESS	462 ISLAND CIRCLE
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	7667 Donald Ross Road W.
2.4 CITY-ST-ZIP	Sarasota, FL 34240
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	1899 Buccaneer Circle
3.4 CITY-ST-ZIP	Sarasota, FL 34231
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if applicable), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. William May

3/17/95

(813) 641-0707

Date

Daytime Phone #